ASR ASSESSMENT

- a) Symptoms
- b) Trauma
- c) Risk factors
- d) Medical status
- e) Mental status
- f) Functional status
- g) Psychosocial status
- h) Dangerousness
- i) Unit disruption

ASR IMMEDIATE NEEDS

Survival

Safety

Security

Food

Shelter

Sleep

Medical care (first aid)

Mental health triage

Orientation

Communication with family friends and community

ASR ACUTE INTERVENTIONS

Provide:

- Acute symptom management
- Education & normalization
- · Social & spiritual support
- Consider medication (avoid use of benzodiazepines)

Avoid:

- Individual debriefing
- Compulsory group debriefing

	Functional Assessment
Work	Any changes in productivity? Have co-workers or supervisors commented on any recent changes in appearance, quality of work, or relationships? Tardiness, loss of motivation, loss of interest? Been more forgetful, easily distracted?
School	Changes in grades? Changes in relationships with friends? Recent onset or increase in acting out behaviors? Recent increase in disciplinary actions?
Family Relationships	Negative changes in relationship with significant others? Irritable or easily angered by family members? Withdrawal of interest in or time spent with family? Any violence within the family?
Recreation	Changes in recreational interests? Decreased activity level? Poor motivation to care for self? Sudden decrease in physical activity? Anhedonia?
Housing	 Does the person have adequate housing? Are there appropriate utilities and services (electricity, plumbing, etc)? Is the housing situation stable?
Legal	 Are there outstanding warrants, restraining orders, or disciplinary actions? Is the person regularly engaging in, or at risk to be involved in, illegal activity? Is patient on probation or parole? Is there family advocacy/ Dept. of Social Services (DSS) involvement?
Financial	Does the patient have the funds for current necessities including food, clothing, and shelter? Is there a stable source of income? Are there significant outstanding or past-due debts, alimony, child support? Has the patient filed for bankruptcy? Does the patient have access to healthcare and/or insurance?
Unit/ Community Involvement	Does the patient need to be put on profile, MEB, or limited duty? Is patient functional and contributing in the unit environment? Is there active/satisfying involvement in a community group or organization?

VA/DoD Clinical Practice Guideline for the Management of Post Traumatic Stress Acute Stress Reaction (ASR) Module - Pocket Guide

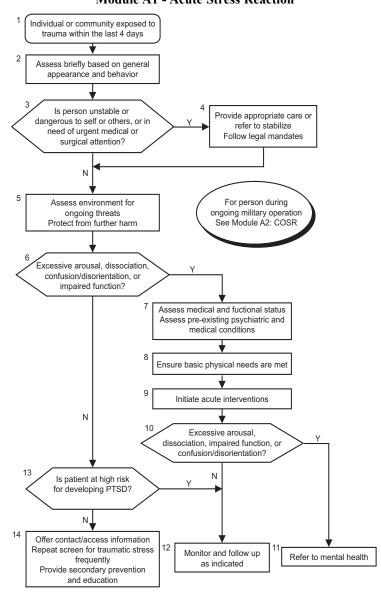
Core Module - Initial Evaluation and Triage

Symptoms Primary Symptom Prevention Presentation Clusters Education and training to Physical - chronic pain, Re-experiencing: migraines or vague promote hardiness and Intrusive memories, somatic complaints resiliency images or perceptions Mental - substance Flashbacks abuse, MDD, anxiety, **Nightmares** Exaggerated emotion or depression Behavior - irritability, and physical reactions avoidance, anger or Avoidance/emotional non-compliance, self numbing: risk behavior (HIV) Avoids activity Person exposed to trauma Evokes aversion or fear Loss of interest in provider Detached Change in function Restricted emotion creen for PTSD symptoms increased arousal: Difficulty sleeping Irritability or outbursts of anger Are trauma-related symptoms present? Difficulty concentrating (See sidebars) Hypervigilance Exaggerated startle response Acute Stress Reaction (ASR)/ Combat or Go to Module A ASR [A1] ongoing military See pocket guide 2-4 days Operation Stress Reaction (COSR) COSR [A2] See pocket guide Acute Stress Disorde Go to Module B for ASD/PTSD ASD/PTSD Acute PTSD Go to Module B Chronic PTSD Primary Care or Module C PTSD with comor Provide education and psychosis, bipolar, access information

VA access to full guideline: http://www.oqp.med.va.gov/cpg/cpg.htm
DoD access to full guideline: http://www.QMO.amedd.army.mil
Sponsored & produced by the VA Employee Education System in cooperation with the Offices of Quality & Performance and Patient Care Services and the Department of Defense.



MANAGEMENT OF ACUTE STRESS REACTION (ASR) (2-4 Days After Trauma Exposure) Module A1 - Acute Stress Reaction



Common Symptoms After Exposure to Trauma or Loss						
Physical	Cognitive/Mental	Emotional	Behavioral			
Fatigue Muscle tremors Chest pain Elevated blood pressure Thirst Visual difficulties Grinding teeth Dizziness Chills Fainting Nausea Twitches Difficulty breathing Rapid heart rate Headaches Vomiting Weakness Profuse sweating Shock symptoms	Attention Change in alertness Memory problems Poor problem solving Poor decisions Increased or decreased awareness of surroundings Difficulty identifying familiar objects or people Intrusive images Poor abstract thinking Nightmares Confusion Poor concentration Hyper-vigilance Blaming someone Loss of orientation to time, place, person	Anxiety Grief Severe pain Fear Loss of emotional control Apprehension Agitation Inappropriate emotional response Guilt Denial Emotional shock Uncertainty Depression Feeling overwhelmed	Change in activity Suspiciousness Inability to rest Pacing Emotional outbursts Hyper-alert to environment Erratic movements Somatic complaints Withdrawal Alcohol consumption Antisocial acts Change in speech pattern Loss of, or increased appetite Startle reflex intensified Change in sexual functioning Change in communication			

	Primary Care PTSD Screen (PC-PTSD)							
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you								
	1. Have had nightmares about it or thought about it when you did not want to?	YES	NO					
	2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	YES	NO					
	3. Were constantly on guard, watchful, or easily startled?	YES	NO					
	4. Felt numb or detached from others, activities, or your surroundings?	YES	NO					

Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any two items

